
Sample Documents

Sample Memorandum of Understanding Template

Memorandum of Understanding

Between

(Partner)

and

(Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the _____ (partner) and the _____ (partner) to _____ (insert activity).

Background

(Why partnership is important)

Purpose

This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:

(List and describe the activities that are planned for the partnership and who will do what)

Reporting

(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding

(Specify that this MOU is not a commitment of funds)

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners), this MOU shall end on (end date of partnership).

Sample Memorandum of Understanding Template

Contact Information

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name, organization, position: _____

(Partner signature) _____ Date: _____

Partner name, organization, position: _____

(Partner signature) _____ Date: _____

Sample Application

STUDENT INTERNSHIP APPLICATION

Applicant Information			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City, State, Zip			
Home Phone		Cell Phone	
Date of Birth		Social Security No.	
Counselor's Name		Email Address	
Spring Semester School Schedule			
Course	Teacher	Room Number	
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Please list the different health or medical related careers in which you are interested:			
Explain WHY and HOW participating in the work-based learning experience will benefit you.			

Sample Application

Do you have family, relatives or friends that work in the health care profession or at (individual health facility)?	
List any volunteer or part-time work experience that you have had or currently have.	
Please check all computer programs you are comfortable with:	
Word Excel PowerPoint Other Please specify _____	
Have you taken computer classes at school? If so, which one(s) _____	
Typing speed: _____ wpm Other related skills _____	
In addition to English, in which language(s) are you fluent?	
What is your definition of a good employee?	
In order for your application to be processed, <u>you must include</u> one letter of recommendation from an academic teacher and the attached Parental Consent Form.	
<i>I understand that the Internship is a partnership between _____ and (name of high school). I understand that I must enroll in an Exploratory Work Experience Class Summer, _____ (year) and comply with all requirements of the class. I have read the requirements and understand this program takes place during Summer, _____ (year)</i>	
Student's Signature: _____	Date: _____
Parent's Signature: _____	Date: _____
Parent's Name (printed): _____	Work Phone Number: _____

Sample Permission/ Consent Form

Parent/Guardian Consent Form—Internship

Please complete all blanks and sign in *three* places.

Student's Name: _____

Part I: Permission to Participate

I have read the information concerning the internship program and give my son/daughter,

_____, permission to participate in the program. I realize that each student must provide his/her own transportation to and from the internship workplace site. I also understand that my son/daughter must meet the application requirements to be accepted into the program.

Signature of Parent/Guardian

Date

Part II: Emergency Authorization

In the event that I cannot be reached in an emergency, I give permission to the staff of the high school or the internship workplace supervisor to secure proper treatment for my son/daughter.

Signature of Parent/Guardian

Date

Daytime telephone: _____

In case of emergency, contact: _____

Telephone: _____

(continued)

Sample Permission/ Consent Form

Parent/Guardian Consent Form—Internship (cont.)

Part III: Liability

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against

_____ Public Schools or their respective officers, employees, or representatives arising from injury or damages, including attorney's fees, that may result from my child's participation in the internship program.

I further agree to indemnify and hold harmless the public schools or their respective officers, employees, or representatives from any claims, including attorney's fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the internship program.

Signature of Parent/Guardian

Date

Request for Volunteer/Unpaid Trainee Authorization for Minor

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION
REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR
CDE Form BI-6 (Rev. 04-12)

(Print Information)

Minor's Information

Minor's Name (First and Last)	Home Phone	Birth Date
Home Address	City	Zip Code

Local Education Agency Information

LEA Name	LEA Phone	
LEA Address	City	Zip Code

List educational program for this placement: _____

To be filled in by employer or agency of placement.

Business or Agency of Placement Name	Business Phone	
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: _____

Employer's Name (Print First and Last)	Employer's Signature	Date
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To be signed by parent or legal guardian.

As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Parent/Guardian's Name (Print First and Last)	Parent/Guardian's Signature	Date
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Certification

In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Authorizing Personnel's Name and Title (Print)	Authorizing Personnel's Signature	Date
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District Worker's Compensation/ Liability and Hold Harmless Agreement
This letter would be provided to the collaborating health related site.

This letter is to confirm that the _____ *name of district* _____ agrees the Student Internship Health Professions Internship Program which will take place from _____ is an extension of _____ *name of district* _____ Work Based Learning for Career Technical Education (CTE) students, and thus, CTE students will be covered by the _____ *name of district* _____ Workman's Compensation insurance while participating in this Student Internship program.

In addition, the District shall indemnify, defend, and hold harmless the site, its employees, director, officers, agents, independent contractors, parent, or subsidiary companies (collectively "the Affiliate" for the purpose of this paragraph) from all losses, damages, liabilities, claims actions, or judgments arising out of injury, death, property damages or other cause, based or asserted upon any act, omission, or negligence of District, its officers, employees, agents or independent contractors (collectively "the District" for the purpose of this paragraph) related to the performance of any activity contemplated by this Agreement except for the sole negligence or willful misconduct of Affiliate. In meeting this obligation, District shall have the right to designate legal counsel to defend the Affiliate.

Further, we understand that all costs associated with this program have been covered through grant or outside funding, so there will be no cost to _____ nor participating students..

We understand that the Student Internship Program will entail up to 90 hours of health site based experience. The Internship with a health site may include the following types of activities:

- ◆ job shadowing of professionals
- ◆ assistance with non-confidential administrative tasks
- ◆ review of technical and educational requirements of specific occupations
- ◆ review of training manuals, and
- ◆ Interviews with employees/hosts and management personnel when available.
- ◆ Participation in low priority activities

We are pleased to be collaborating with you on this new and innovative way to provide work Based Learning to our students enrolled in pathway programs.

Sincerely,

Steps to Internship—Sample document

Internship requirements: (documented/verified by pathway counselor or teacher)

1. Must be enrolled in healthcare pathway
2. Create Health career portfolio (using HOSA or other model) or completed resume
3. See attached sample
4. Attend 3 health-related community events/activities/trainings (health fair, runs/walks for health-related organizations, hospital classes, Red Cross training, healthcare related open house, etc.). Possible events posted in Inland Coalition Weekly update.
5. Thirty (30) hours volunteer work in health related activities (health fairs, environmental events, hospitals, nursing homes, special projects, etc.) **or** active participation in HOSA.
6. Participation in service related project and /or 2 informational interviews in health related Profession.
7. 2.7 GPA or higher
8. Write a one page paper, explaining their purpose for seeking a career in the health care field and what they hope to accomplish through the internship program.
9. Pathway/counselor /teacher recommendation on letterhead
10. Positive attendance—as determined by the teacher/counselor
11. Must complete soft skills modules and print out certificate.
12. Inland Coalition Interview to review all requirements before proceeding to pre-internship steps. Inland Coalition will provide all the necessary paperwork for the next steps.

Pre-Internship Steps

1. Complete RCRMC application—submit all requirements with the application.
2. Complete availability form and skills focus form
3. Parent permission form/ mobility plan
4. Obtain life Scan
5. Current (within 90 days) TB test
6. Obtain Health clearance
7. Internship Interview—conducted by RCRMC
8. Attend Orientation—offered 1 time per month-last Tuesday 5-7pm
9. Match available internship sites with students expressed interests
10. Connect with supervisor

Internship support

1. Pathway teacher will monitor student through email contact or site visit at least twice during the 90-hour internship.

Employer Work Experience Evaluation Form
Please return this directly to student or WEE Coordinator

Student's Name: _____ Employer: _____
 Supervisor's Name: _____ Supervisor's Title: _____

Please check the box that best describes your assessment of the student's performance in the various aspects of Work Experience.

Courtesy	<input type="checkbox"/>	Very Polite & Well Mannered	<input type="checkbox"/>	Reasonably Polite	<input type="checkbox"/>	Impolite
Punctuality	<input type="checkbox"/>	Arrives on time	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Always Late
Cooperation	<input type="checkbox"/>	Creates a pleasing impression	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Difficult to work with
Reaction to Criticism	<input type="checkbox"/>	Reacts positively	<input type="checkbox"/>	Doesn't seem to care	<input type="checkbox"/>	Dislikes criticism
Neatness in work and appearance	<input type="checkbox"/>	Careful with work and appearance	<input type="checkbox"/>	Usually Neat & Clean	<input type="checkbox"/>	Careless at work & untidy
Perseverance	<input type="checkbox"/>	Persistent	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Give up easily
Work Attitude	<input type="checkbox"/>	Eager interest	<input type="checkbox"/>	Normal interest	<input type="checkbox"/>	Appears indifferent
Initiative	<input type="checkbox"/>	Seeks Additional work	<input type="checkbox"/>	Waits to be told what to do	<input type="checkbox"/>	Lacking
Ability to Communicate	<input type="checkbox"/>	Easily able to use language skills	<input type="checkbox"/>	Has some trouble articulating their thoughts	<input type="checkbox"/>	Lacking in their thoughts into words
Ability to Comprehend Instructions	<input type="checkbox"/>	Quick to understand	<input type="checkbox"/>	Reasonably good	<input type="checkbox"/>	Slow to comprehend
Capacity to develop	<input type="checkbox"/>	Promising	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not very promising

Additional Comments if Applicable:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

Thank you for taking the time to complete this Evaluation Form.

Work Experience Education (WEE) Training Agreement

<p>For Student to Complete:</p> <p>Student Name: _____</p> <p>Home Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____ Date of Birth: _____</p> <p>Age: _____ Grade Level: _____</p> <p><input type="checkbox"/> General Work Experience Program</p> <p><input type="checkbox"/> Exploratory Work Experience Program</p> <p><input type="checkbox"/> Vocational Work Experience Education</p> <p>Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 18+ yrs</p>	<p>As a student enrolled in the WEE program, I:</p> <p><input type="checkbox"/> will find a job that meets the class guidelines.</p> <p><input type="checkbox"/> will obtain a work permit for each job held if under 18 years of age.</p> <p><input type="checkbox"/> will attend weekly classes, submit weekly records of hours worked, provide pay stubs, complete assignments, and follow all the policies of this program.</p> <p><input type="checkbox"/> understand if I am absent from school for any reason, then I am not allowed to go to work on the day of that absence. I will attend school regularly.</p> <p><input type="checkbox"/> will inform the WEE teacher coordinator and seek advice BEFORE quitting my job.</p>
<p>For Parent/Guardian to Complete:</p> <p>Parent/Guardian Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____</p>	<p>As a parent/guardian of a student enrolled in WEE, I:</p> <p><input type="checkbox"/> give permission for the student to be employed.</p> <p><input type="checkbox"/> give permission for the student to leave school during WEE.</p> <p><input type="checkbox"/> assume responsibility for the safety and conduct of the student while traveling to and from school, job, and home.</p> <p><input type="checkbox"/> assume responsibility for the student's supervision while off campus.</p> <p><input type="checkbox"/> will assist my student in successful completion of this class.</p>
<p>For Employer to Complete:</p> <p>Employed by: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____</p> <p>Employer's Worker's Comp. _____</p> <p>Student Job Title: _____</p> <p>Job Duties: _____</p> <p>As the employment site, we will:</p> <p><input type="checkbox"/> not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion.</p> <p><input type="checkbox"/> ensuring working conditions do not endanger the health, safety, welfare, or morals of the student.</p>	<p><input type="checkbox"/> provide adequate equipment, materials, facilities, and accommodations to allow appropriate learning activities.</p> <p><input type="checkbox"/> provided an itemized statement of deductions with every paycheck.</p> <p><input type="checkbox"/> complete time sheets and provide student evaluations.</p> <p><input type="checkbox"/> consult with the WEE coordinator regarding student's performance.</p> <p><input type="checkbox"/> provide Worker's Compensation Insurance.</p> <p><input type="checkbox"/> provides adequate adult supervision.</p> <p><input type="checkbox"/> provide the probability of continuous employment.</p> <p><input type="checkbox"/> notify the WEE coordinator immediately of any problems or concerns or if the student is terminated or quits.</p>
<p>For Work Experience Teacher Coordinator to Complete:</p> <p>Student's on-the-job objectives:</p> <p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p>	<p>Work Experience Education Coordinator Will:</p> <p><input type="checkbox"/> review and approve student job sites.</p> <p><input type="checkbox"/> conduct a minimum of 2 site visits/semester.</p> <p><input type="checkbox"/> maintain all program/student records per Ed Code.</p> <p><input type="checkbox"/> consult with employer, student, and parent/guardian regarding job performance, progress in class, grade, etc. as necessary.</p>
<p>Non-discriminatory Statement:</p> <p>"No person shall be excluded from participation in or denied the benefits of any local agency's program or activity on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity conducted by an educational institution or any other local agency, which is funded directly by, or that receives benefits from any state financial assistance." (5 CCR, Ch. 5.3, SubCh. 1, Art. 1)</p>	
<p>Student Signature: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Employer Signature: _____ Date: _____</p> <p>WEE Coordinator Signature: _____ Date: _____</p>	